| - | | | ctive Oct | | | | | | | | | |
|--|----------------|---|--------------------|-----------------------------------|------------------|------------------|----|---------------------|------------------------|--|---------------------|------------------------|
| | | CLAIMS A | AS FILED (Colur | | _ | umn 2) | | SMALL I | ENTITY | OR | | R THAN ENTITY |
| TOTAL CLAIMS | | | 1 | | | | | RATE | FEE | ֓֞֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֡֓֓֡֓֓֡֓֡֓֡֓֡ | RATE | FEE |
| FOR | | | NUMBER FILED | | NUM | NUMBER EXTRA | | BASIC FE | E 370.00 | OR | | |
| TOTAL CHARGEABLE CLAIMS | | | minus 20= ' | | | | 1 | X \$ 9= | | 1 | | - |
| ND | EPENDENT (| CLAIMS | | minus 3 = | | | | X42= | ┼ | OR | - | |
| MU | LTIPLE DEPE | NDENT CLAIM F | PRESENT | | | | | | ┪── | OR | X84= | |
| Iff | he differenc | e in column 1 is | less than | zero enter | "0" in | column 2 | j | +140= | | OR | +280= | |
| | | CLAIMS AS | | | | COMMINIE | | TOTAL | <u></u> | OR | TOTAL | |
| | | Column 1) | HMENDE | D - PAR. (Colun | | (Column 3) | | SMALL | ENTITY | OR | OTHER | THAN |
| A STATE OF THE STA | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHI NUME PREVIO PAID I | BER USLY | PRESENT EXTRA | | - P ATE• | ADDI- TIONAL | | RATE | ADDI- TIONAL |
| | Total : | .30 | Minus | " 2 | 4 | - /- | | X\$ 9= | FEE | | X\$18= | FEE |
| | independent | • / | Minus | 3 |) | = | | X42= | - | OR | X84= | 1089 |
| 1 | FIRST PRESI | ENTATION OF M | ULTIPLE DE | PENDENT | CLAIM | N | | • | | OR | | 001 |
| : | | | | | | | l | +140= | | OR | +280= | 280 |
| | | | | | | | , | DOIT. FEE | | OR | TOTAL ADDIT, FEE | |
| 7 | | (Column 1) | | (Colum | | (Column 3) | | · | | | • | |
| | | REMAINING AFTER AMENDMENT | | PREVIO | ER USLY OR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Fotal | . 35 | Minus | 3 | 0 | - 5 | .[| X\$ 9= | | OR | X\$18= | 90 |
| | ndependent | • / | Minus | | 3 | = | | X42= | | OR | X84= | 70 |
| <u> </u> | IRST PRESE | NTATION OF ME | JLTIPLE DE | PENDENT | CLAIM | | | .440 | | | | |
| | | • | | | | | L | +140= TOTAL | | OR | +280≃ 101AL | |
| • | | | , • | | | | A | DOIT. FEE | •• | OR A | DOT FEE | 90 |
| 7 | | (Column 1) CLAIMS | , | (Columi Highe | | (Column 3) | _ | | <u> </u> | _ | . <u> </u> | |
| 4 | | REMAINING AFTER AMENDMENT | · · | NUMBE PREVIOU PAID FO | er Isly | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Ţ | otal | * | Minus | 44 | | = | r | X\$ 9= | 1 | OR | X\$18= | ree. |
| 4 | ndependent | • | Minus | *** | | = | ╌┠ | X42= | | ŀ | | |
| F | IRST PRÈSE | NTATION OF MU | ILTIPLE DE | PENDENT (| LAIM | | ┢ | | | OR | X84= | |
| | | an 1 is less than th | | | | • | 1 | +140= | | OR | +280= | |
| | | | | | | | | | | | | |